

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

FILED FEB 18 1941 STANDARD CERTIFICATE OF DEATH

State File No. 3940

Registration District No. 744 Primary Registration District No. 5933 Registrar's No.

1. PLACE OF DEATH

(a) County Fall
(b) City or town West Jover
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 months (Specify whether years, months or days)

3. (a) PRINT FULL NAME

Willis Arthur Young

3. (b) If veteran, name war

None

3. (c) Social Security No. 497-14-2160

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Mary J. Young

6. (c) Age of husband or wife if alive Sept. 1, 1871 years

7. Birth date of deceased

(Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

69

1

1

min.

9. Birthplace

Freemont County Iowa

(City, town, or county) (State or foreign country)

10. Usual occupation

Farmer

11. Industry or business

Manual labor

12. Name

Unknown

13. Birthplace

Unknown

(City, town, or county) (State or foreign country)

14. Maiden name

Unknown

15. Birthplace

Unknown

(City, town, or county) (State or foreign country)

16. (a) Informant

Perry A. Young

(b) Address

Marionville Mo.

17. (a)

Burial

(b) Date thereof

(Month) (Day) (Year)

(c) Place: burial or cremation

Blacks Cemetery

18. (a) Signature of funeral director

White & Ewing

(b) Address

Bellevue Mo.

19. (a) Dec 1 - 1940

(b) W. H. J. Harrell

(Date received local registrar)

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Arkansas (b) County 999
(c) City or town Harrison Ark (If outside city or town limits, write "RURAL")
(d) Street No. 4 miles South (If rural, give location)
(e) If foreign born, how long in U. S. A. 2 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 1 year 1940 hour 7:40 AM minute 15 M.

21. I hereby certify that I attended the deceased from Aug 29 to Nov 1, 1940
that I last saw him alive on Aug 29, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death

apoplexy

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work

(Specify type of place)

(e) Means of injury

23. Signature W. H. J. Harrell (M. D. or other)

Address Bellevue Mo. Date signed Dec 1 - 1940

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 7,

District File Number 2-41-168

Date Filed 2-3-41

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed William P. Gruen

Licensed Embalmer No. 9092

P. O. Address Baltimore Md

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.